

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

| | | | | | |
|---|---|----|---|--------------------------|----------------------------|
| Substitute for form 1449/PTO SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i> | | | | Complete if Known | |
| | | | | Application Number | 10/811,230-Conf. #8995 |
| | | | | Filing Date | March 26, 2004 |
| | | | | First Named Inventor | Seshadri Ganguli |
| | | | | Art Unit | 1792 |
| | | | | Examiner Name | K. M. Stouffer |
| Sheet | 2 | of | 2 | Attorney Docket Number | 005975.P2/MDP/L/B/CROCKERS |

| NON PATENT LITERATURE DOCUMENTS | | | |
|---------------------------------|--------------------------|---|----------------|
| Examiner Initials | Cite No. ¹ | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | T ² |
| | C1 | Final Office Action for U.S. Patent Application No. 11/336,527 dated March 20, 2009. (APPM/005975.C1) | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | | |
|-----------------------|------------------|--------------------|------------|
| Examiner Signature | /Kelly Gambetta/ | Date Considered | 10/28/2010 |
|-----------------------|------------------|--------------------|------------|

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.